

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/25/2020 9:04 am
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PART I - COST REPORT STATUS			
Provider use only	1. ☒ Electronically prepared cost report 2. ☐ Manually prepared cost report 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.		

PART II - CERTIFICATION
 MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PRESENCE MERCY MEDICAL CENTER (14-0174) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

☒ I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) KEVIN LARKIN
 Officer or Administrator of Provider(s)

SR. DIRECTOR-FINANCE
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	761,823	-13,503	0	0	1.00
2.00	Subprovider - IPF	0	64,213	943		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	826,036	-12,560	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 14-0174		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 9:04 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1325 NORTH HIGHLAND AVENUE			PO Box:				1.00			
2.00	City: AURORA			State: IL		Zip Code: 60506		County: KANE			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			PRESENCE MERCY MEDICAL CENTER	140174	20994	1	07/01/1966	N	P	O
4.00	Subprovider - IPF			PRESENCE PSYCH UNIT	14S174	16974	4	07/01/1985	N	P	O
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020		20.00	
21.00	Type of Control (see instructions)						1			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,257	885	0	13	3,651	73	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0174		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 9:04 am		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	25.00	
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00	
							Beginning:	Ending:		
							1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00	
							Y/N	Y/N		
							1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	N	40.00	
							V	XVIII	XIX	
							1.00	2.00	3.00	
<u>Prospective Payment System (PPS)-Capital</u>										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)						N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.						N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.						N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	N	48.00
<u>Teaching Hospitals</u>										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.						N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
					1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.				N				60.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/25/2020 9:04 am

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.			0.00	0.00	0.000000	64.00
Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/25/2020 9:04 am

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N N 0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 9:04 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	1,877,672	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	149013	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0174		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/25/2020 9:04 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: ALEXIAN BROTHERS HEALTH SYSTEMS	Contractor's Name: WPS		Contractor's Number: 05901				141.00	
142.00	Street: 200 SOUTH WACKER DRIVE	PO Box:						142.00	
143.00	City: CHICAGO	State: IL		Zip Code: 60606				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00
								1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
				Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	N	N	157.00	
158.00	SUBPROVIDER							158.00	
159.00	SNF	N	N	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	N	N	160.00	
161.00	CMHC		N	N	N	N	N	161.00	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00
							Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
							1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/25/2020 9:04 am
			Y/N	Date
			1.00	2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N	Legal Oper.
			1.00	2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/13/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/25/2020 9:04 am
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ANNE	LITTLE	41.00
42.00	Enter the employer/company name of the cost report preparer.	PRESENCE CARE TRANSFORMATION CORP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3721	ANNE.LITTLE@AMITAHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/25/2020 9:04 am

		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/25/2020 9:04 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	174	63,684	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		174	63,684	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,856	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		190	69,540	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	68	24,888		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		258			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		9	3,294			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/25/2020 9:04 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,740	1,886	21,207			1.00
2.00	HMO and other (see instructions)	3,834	3,724				2.00
3.00	HMO IPF Subprovider	0	175				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,740	1,886	21,207			7.00
8.00	INTENSIVE CARE UNIT	827	149	3,324			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		107	368			13.00
14.00	Total (see instructions)	7,567	2,142	24,899	0.00	496.72	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,804	1,329	8,827	0.00	53.75	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			222			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	550.47	27.00
28.00	Observation Bed Days		97	2,157			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	13	73			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			84			32.01
33.00	LTCH non-covered days	0					33.00
33.01	LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/25/2020 9:04 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,561	502	5,274	1.00
2.00 HMO and other (see instructions)			779	0		2.00
3.00 HMO IPF Subprovider				32		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,561	502	5,274	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	197	230	1,455	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/25/2020 9:04 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	42,366,775	0	42,366,775	1,013,994.41	41.78
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,212,922	-513,437	4,699,485	130,983.04	35.88
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		4,023,050	0	4,023,050	90,217.42	44.59
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		366,873	0	366,873	2,447.00	149.93
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		9,681,107	0	9,681,107	204,701.00	47.29
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,738,325	0	8,738,325		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,226,043	0	1,226,043		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		1,582,116	0	1,582,116		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/25/2020 9:04 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	381,034	0	381,034	4,892.89	77.88	26.00
27.00	Administrative & General	5.00	2,825,245	0	2,825,245	72,957.96	38.72	27.00
28.00	Administrative & General under contract (see inst.)		476,143	0	476,143	3,278.00	145.25	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	605,006	0	605,006	31,826.10	19.01	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		2,169,323	0	2,169,323	89,331.23	24.28	33.00
34.00	Dietary	10.00	16,788	-10,408	6,380	32.57	195.89	34.00
35.00	Dietary under contract (see instructions)		2,045,199	-1,267,994	777,205	27,717.00	28.04	35.00
36.00	Cafeteria	11.00	0	10,408	10,408	53.13	195.90	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,518,134	0	1,518,134	35,228.58	43.09	38.00
39.00	Central Services and Supply	14.00	234,242	0	234,242	10,996.64	21.30	39.00
40.00	Pharmacy	15.00	1,881,564	0	1,881,564	38,510.66	48.86	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/25/2020 9:04 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	47,057,440	-1,267,994	45,789,446	1,134,320.64	40.37	1.00
2.00	Excluded area salaries (see instructions)	5,212,922	-513,437	4,699,485	130,983.04	35.88	2.00
3.00	Subtotal salaries (line 1 minus line 2)	41,844,518	-754,557	41,089,961	1,003,337.60	40.95	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,071,030	0	14,071,030	297,365.42	47.32	4.00
5.00	Subtotal wage-related costs (see inst.)	10,320,441	0	10,320,441	0.00	25.12	5.00
6.00	Total (sum of lines 3 thru 5)	66,235,989	-754,557	65,481,432	1,300,703.02	50.34	6.00
7.00	Total overhead cost (see instructions)	12,152,678	-1,267,994	10,884,684	314,824.76	34.57	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 11/25/2020 9:04 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		1,329,018	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		562,290	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		4,163,573	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		-72,898	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		-127,073	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		107,045	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		801,745	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,097,296	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		61,202	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		42,169	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		9,964,367	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0174

 Period:
 From 07/01/2019
 To 06/30/2020

 Worksheet S-3
 Part V
 Date/Time Prepared:
 11/25/2020 9:04 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	4,023,050	9,964,367	1.00
2.00	Hospital	4,023,050	8,909,243	2.00
3.00	Subprovider - IPF	0	1,055,124	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet S-10

Date/Time Prepared:
11/25/2020 9:04 am

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.179666	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		48,195,234	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		208,035,200	6.00
7.00	Medicaid cost (line 1 times line 6)		37,376,852	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	50,005,404	1,787,419	51,792,823
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	8,984,271	1,787,419	10,771,690
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	8,984,271	1,787,419	10,771,690
			1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		4,967,742	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		635,893	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		978,298	27.01
28.00	Non-Medicare bad debt expense (see instructions)		3,989,444	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,059,172	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,830,862	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,830,862	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet A Date/Time Prepared: 11/25/2020 9:04 am		
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
			1.00	2.00	3.00	4.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,299,347	2,299,347	3,302,646	5,601,993	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,952,153	3,952,153	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	381,034	6,852,886	7,233,920	-16	7,233,904	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	2,825,245	57,082,765	59,908,010	-1,789,614	58,118,396	5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	2,497,016	2,497,016	-200,915	2,296,101	6.00	
7.00	00700	OPERATION OF PLANT	605,006	2,644,037	3,249,043	-220,176	3,028,867	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	357,902	357,902	-74	357,828	8.00	
9.00	00900	HOUSEKEEPING	0	2,655,910	2,655,910	-5,911	2,649,999	9.00	
10.00	01000	DIETARY	16,788	3,205,616	3,222,404	-2,007,334	1,215,070	10.00	
11.00	01100	CAFETERIA	0	0	0	1,997,844	1,997,844	11.00	
13.00	01300	NURSING ADMINISTRATION	1,518,134	376,600	1,894,734	-219,929	1,674,805	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	234,242	710,381	944,623	-632,737	311,886	14.00	
15.00	01500	PHARMACY	1,881,564	4,138,184	6,019,748	-3,425,186	2,594,562	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,635,188	1,636,765	11,271,953	397,989	11,669,942	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,846,376	1,175,247	4,021,623	-292,904	3,728,719	31.00	
40.00	04000	SUBPROVIDER - IPF	4,486,206	1,716,079	6,202,285	-688,543	5,513,742	40.00	
43.00	04300	NURSERY	197,012	512,080	709,092	596,643	1,305,735	43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,946,762	8,070,842	10,017,604	-5,486,281	4,531,323	50.00	
51.00	05100	RECOVERY ROOM	1,215,984	270,579	1,486,563	-141,111	1,345,452	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,561,757	1,046,933	2,608,690	-1,136,221	1,472,469	52.00	
53.00	05300	ANESTHESIOLOGY	43,074	2,281,977	2,325,051	-161,269	2,163,782	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,390,897	850,674	2,241,571	-445,189	1,796,382	54.00	
54.02	03630	ULTRA SOUND	429,842	147,967	577,809	-75,849	501,960	54.02	
57.00	05700	CT SCAN	561,632	276,885	838,517	-187,500	651,017	57.00	
58.00	05800	MRI	152,172	271,049	423,221	-258,337	164,884	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,240,112	8,046,352	9,286,464	-7,841,852	1,444,612	59.00	
60.00	06000	LABORATORY	0	5,422,018	5,422,018	-66,063	5,355,955	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	561,139	561,139	-21,878	539,261	63.00	
65.00	06500	RESPIRATORY THERAPY	1,026,588	274,263	1,300,851	-138,822	1,162,029	65.00	
66.00	06600	PHYSICAL THERAPY	363,566	857,321	1,220,887	-432,732	788,155	66.00	
67.00	06700	OCCUPATIONAL THERAPY	35,738	40,751	76,489	169,708	246,197	67.00	
68.00	06800	SPEECH PATHOLOGY	38,898	89,220	128,118	191,135	319,253	68.00	
69.00	06900	ELECTROCARDIOLOGY	361,643	212,515	574,158	-117,762	456,396	69.00	
70.01	03320	ELECTROSHOCK THERAPY	0	19,255	19,255	-19,255	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,506,972	11,506,972	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,973,803	4,973,803	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,845,650	20,845,650	73.00	
74.00	07400	RENAL DIALYSIS	65,414	658,946	724,360	-24,255	700,105	74.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	445,527	39,640	485,167	145,802	630,969	75.01	
76.00	03950	OCCUPATIONAL HEALTH	0	12	12	-12	0	76.00	
76.97	07697	CARDIAC REHABILITATION	172,913	121,586	294,499	-12,989	281,510	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01	
90.02	09002	PRCC	2,087,209	32,900,690	34,987,899	-18,555,516	16,432,383	90.02	
91.00	09100	EMERGENCY	3,873,536	3,730,576	7,604,112	-856,458	6,747,654	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		2,585,305	2,585,305	-2,585,305	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		41,640,059	156,637,310	198,277,369	32,350	198,309,719	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,204	21,204	-2,800	18,404	190.00	
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	328,075	223,750	551,825	-3,100	548,725	192.01	
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01	
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02	
193.03	19303	ADOL SCHOOL	46,985	4,319	51,304	13,429	64,733	193.03	
193.04	19304	FOUNDATION	0	0	0	0	0	193.04	
193.05	19305	LEASED BLDG	0	52,043	52,043	0	52,043	193.05	
193.07	19307	PARISH NURSING	130,990	9,590	140,580	0	140,580	193.07	
194.00	07950	OP PHARMACY	220,666	1,146,071	1,366,737	-39,879	1,326,858	194.00	
200.00	TOTAL (SUM OF LINES 118 through 199)		42,366,775	158,094,287	200,461,062	0	200,461,062	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet A

Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	252,226	5,854,219	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	507,406	4,459,559	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	498,337	7,732,241	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,100,203	59,218,599	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,186,982	3,483,083	6.00
7.00	00700	OPERATION OF PLANT	283,960	3,312,827	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	357,828	8.00
9.00	00900	HOUSEKEEPING	0	2,649,999	9.00
10.00	01000	DIETARY	0	1,215,070	10.00
11.00	01100	CAFETERIA	-360,430	1,637,414	11.00
13.00	01300	NURSING ADMINISTRATION	112,898	1,787,703	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	311,886	14.00
15.00	01500	PHARMACY	198,186	2,792,748	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	60,074	60,074	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,064	11,666,878	30.00
31.00	03100	INTENSIVE CARE UNIT	79,824	3,808,543	31.00
40.00	04000	SUBPROVIDER - IPF	-1,183,724	4,330,018	40.00
43.00	04300	NURSERY	-469,030	836,705	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,291,096	3,240,227	50.00
51.00	05100	RECOVERY ROOM	0	1,345,452	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-825,000	647,469	52.00
53.00	05300	ANESTHESIOLOGY	-2,091,632	72,150	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-420	1,795,962	54.00
54.02	03630	ULTRA SOUND	0	501,960	54.02
57.00	05700	CT SCAN	0	651,017	57.00
58.00	05800	MRI	0	164,884	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,444,612	59.00
60.00	06000	LABORATORY	72,971	5,428,926	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	539,261	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,162,029	65.00
66.00	06600	PHYSICAL THERAPY	0	788,155	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	246,197	67.00
68.00	06800	SPEECH PATHOLOGY	0	319,253	68.00
69.00	06900	ELECTROCARDIOLOGY	0	456,396	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,506,972	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,973,803	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,845,650	73.00
74.00	07400	RENAL DIALYSIS	0	700,105	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-8,058	622,911	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	281,510	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	90.01
90.02	09002	PRCC	-6,813,120	9,619,263	90.02
91.00	09100	EMERGENCY	-2,155,941	4,591,713	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-10,848,448	187,461,271	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,404	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	548,725	192.01
193.01	19301	MASSAGE THERAPY	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	193.02
193.03	19303	ADOL SCHOOL	0	64,733	193.03
193.04	19304	FOUNDATION	0	0	193.04
193.05	19305	LEASED BLDG	0	52,043	193.05
193.07	19307	PARISH NURSING	0	140,580	193.07
194.00	07950	OP PHARMACY	0	1,326,858	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-10,848,448	189,612,614	200.00

RECLASSIFICATIONS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/25/2020 9:04 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - SUPPLIES AND IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	11,506,972		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,973,803		2.00
3.00	HOUSEKEEPING	9.00	0	1,906		3.00
4.00	LABORATORY	60.00	0	10,454		4.00
5.00	DIETARY	10.00	0	20,289		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
TOTALS			0	16,513,424		
B - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,125,723		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,543,771		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
TOTALS			0	4,669,494		
C - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,845,650		1.00
2.00	PHARMACY	15.00	0	34,860		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00

RECLASSIFICATIONS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/25/2020 9:04 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
TOTALS					
D - CAFE					
1.00	CAFETERIA	11.00	10,408	1,987,436	1.00
TOTALS					
E - PSYCH ADMIN					
1.00	ADULTS & PEDIATRICS	30.00	398,480	42,918	1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	114,957	12,381	2.00
3.00	ADOL SCHOOL	193.03	12,123	1,306	3.00
TOTALS					
F - L&D					
1.00	ADULTS & PEDIATRICS	30.00	391,865	31,156	1.00
2.00	NURSERY	43.00	570,109	45,327	2.00
TOTALS					
G - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,176,923	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,408,382	2.00
TOTALS					
H - REHAB					
1.00	OCCUPATIONAL THERAPY	67.00	0	169,708	1.00
2.00	SPEECH PATHOLOGY	68.00	0	192,302	2.00
TOTALS					
I - OP PSYCH MED DIRECTOR					
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	19,106	1.00
TOTALS					
500.00	Grand Total: Increases		1,497,942	47,150,373	500.00

RECLASSIFICATIONS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/25/2020 9:04 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SUPPLIES AND IMPLANTS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	16	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	241,589	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	748	0		3.00
4.00	OPERATION OF PLANT	7.00	0	389	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	74	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	14,937	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	554,861	0		7.00
8.00	PHARMACY	15.00	0	76,215	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	435,209	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	251,749	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	21,606	0		11.00
12.00	NURSERY	43.00	0	18,704	0		12.00
13.00	OPERATING ROOM	50.00	0	4,986,889	0		13.00
14.00	RECOVERY ROOM	51.00	0	138,814	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	83,308	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	125,432	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	122,692	0		17.00
18.00	ULTRA SOUND	54.02	0	24,328	0		18.00
19.00	CT SCAN	57.00	0	61,027	0		19.00
20.00	MRI	58.00	0	16,796	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	7,384,400	0		21.00
22.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	21,878	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	124,499	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	7,862	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	70,971	0		25.00
26.00	ELECTROSHOCK THERAPY	70.01	0	149	0		26.00
27.00	RENAL DIALYSIS	74.00	0	24,241	0		27.00
28.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	391	0		28.00
29.00	OCCUPATIONAL HEALTH	76.00	0	12	0		29.00
30.00	CARDIAC REHABILITATION	76.97	0	3,990	0		30.00
31.00	PRCC	90.02	0	901,208	0		31.00
32.00	EMERGENCY	91.00	0	798,440	0		32.00
	TOTALS		0	16,513,424			
	B - DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,546,674	9		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	200,167	9		2.00
3.00	OPERATION OF PLANT	7.00	0	219,787	0		3.00
4.00	HOUSEKEEPING	9.00	0	7,817	0		4.00
5.00	DIETARY	10.00	0	29,779	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	204,992	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	67,814	0		7.00
8.00	PHARMACY	15.00	0	53,996	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	26,566	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	39,641	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	84,698	0		11.00
12.00	OPERATING ROOM	50.00	0	487,029	0		12.00
13.00	RECOVERY ROOM	51.00	0	2,080	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14,216	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	35,592	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	249,749	0		16.00
17.00	ULTRA SOUND	54.02	0	48,369	0		17.00
18.00	CT SCAN	57.00	0	76,190	0		18.00
19.00	MRI	58.00	0	237,628	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	437,156	0		20.00
21.00	LABORATORY	60.00	0	76,517	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	14,323	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	62,860	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	1,167	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	35,879	0		25.00
26.00	CARDIAC REHABILITATION	76.97	0	8,999	0		26.00
27.00	PRCC	90.02	0	333,717	0		27.00
28.00	EMERGENCY	91.00	0	55,173	0		28.00
29.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,800	0		29.00
30.00	PHYSICIAN PRACTICE MANAGEMENT	192.01	0	3,100	0		30.00
31.00	OP PHARMACY	194.00	0	5,019	0		31.00
	TOTALS		0	4,669,494			

RECLASSIFICATIONS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-6

Date/Time Prepared:
11/25/2020 9:04 am

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
	C - DRUGS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,351	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,062	0		2.00
3.00	PHARMACY	15.00	0	3,329,835	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	4,655	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	1,514	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	74	0		6.00
7.00	NURSERY	43.00	0	89	0		7.00
8.00	OPERATING ROOM	50.00	0	12,363	0		8.00
9.00	RECOVERY ROOM	51.00	0	217	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	240	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	245	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	72,748	0		12.00
13.00	ULTRA SOUND	54.02	0	3,152	0		13.00
14.00	CT SCAN	57.00	0	50,283	0		14.00
15.00	MRI	58.00	0	3,913	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	20,296	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	10,912	0		17.00
18.00	RENAL DIALYSIS	74.00	0	14	0		18.00
19.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	251	0		19.00
20.00	PRCC	90.02	0	17,320,591	0		20.00
21.00	EMERGENCY	91.00	0	2,845	0		21.00
22.00	OP PHARMACY	194.00	0	34,860	0		22.00
	TOTALS		0	20,880,510			
	D - CAFE						
1.00	DIETARY	10.00	10,408	1,987,436	0		1.00
	TOTALS		10,408	1,987,436			
	E - PSYCH ADMIN						
1.00	SUBPROVIDER - IPF	40.00	525,560	56,605	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		525,560	56,605			
	F - L&D						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	961,974	76,483	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		961,974	76,483			
	G - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	2,585,305	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	2,585,305			
	H - REHAB						
1.00	PHYSICAL THERAPY	66.00	0	362,010	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	362,010			
	I - OP PSYCH MED DIRECTOR						
1.00	ELECTROSHOCK THERAPY	70.01	0	19,106	0		1.00
	TOTALS		0	19,106			
500.00	Grand Total: Decreases		1,497,942	47,150,373			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/25/2020 9:04 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,850,000	0	0	0	0	1.00	
2.00	Land Improvements	2,046,750	0	0	0	0	2.00	
3.00	Buildings and Fixtures	37,542,303	4,243,505	0	4,243,505	0	3.00	
4.00	Building Improvements	0	1,534,784	0	1,534,784	0	4.00	
5.00	Fixed Equipment	14,911,870	0	0	0	13,197,664	5.00	
6.00	Movable Equipment	687,519	14,264,670	0	14,264,670	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	61,038,442	20,042,959	0	20,042,959	13,197,664	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	61,038,442	20,042,959	0	20,042,959	13,197,664	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,850,000	0				1.00	
2.00	Land Improvements	2,046,750	0				2.00	
3.00	Buildings and Fixtures	41,785,808	0				3.00	
4.00	Building Improvements	1,534,784	0				4.00	
5.00	Fixed Equipment	1,714,206	0				5.00	
6.00	Movable Equipment	14,952,189	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	67,883,737	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	67,883,737	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	2,299,347	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,299,347	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	2,299,347				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,299,347				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	47,081,547	0	47,081,547	0.758967	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,952,189	0	14,952,189	0.241033	0	2.00
3.00	Total (sum of lines 1-2)	62,033,736	0	62,033,736	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,470,805	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,000,804	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,471,609	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	383,414	0	0	0	5,854,219	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	458,755	0	0	0	4,459,559	2.00
3.00	Total (sum of lines 1-2)	842,169	0	0	0	10,313,778	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-63	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-16,226,829			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	6,367,649			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-353,384	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-7,046	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-76,618	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	113,955	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC INCOME	B	-313,832	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8

Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	MISC INCOME	B	-15,729	OPERATION OF PLANT	7.00	0	33.01
33.02	MISC INCOME	B	-60	RADIOLOGY-DIAGNOSTIC	54.00	0	33.02
33.03	MISC INCOME	B	-1,200	EMERGENCY	91.00	0	33.03
33.04	INCOME TAX	A	-95,143	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	BUSINESS DEVELOPMENT	A	-82,932	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.06
33.07	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.07
33.08	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.08
33.09	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.09
33.10	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.10
33.11	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.11
33.12	COMMUNITY BENEFIT	A	-111,420	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	CORPORATE SPONSORSHIP	A	-5,000	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	MARKETING	A	-2,213	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	MARKETING	A	-309	ADULTS & PEDIATRICS	30.00	0	33.15
33.16	MARKETING	A	-360	RADIOLOGY-DIAGNOSTIC	54.00	0	33.16
33.17	MARKETING	A	-3,054	PRCC	90.02	0	33.17
33.18	OP PHARMACY	A	-34,860	PHARMACY	15.00	0	33.18
33.19	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.19
33.20	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.20
33.21	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.21
33.22	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.22
33.23	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.23
33.24	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	0	33.24
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,848,448				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/25/2020 9:04 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	DIRECT INSURANCE	2,167,747	1,869,669	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	DIRECT WORKERS COMP	801,745	691,500	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST INCOME	-793,509	0	3.00
3.01	2.00	CAP REL COSTS-MVBLE EQUIP	INTEREST INCOME	-949,564	0	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	PROJECT SYMPHONY	170,392	0	3.02
3.03	5.00	ADMINISTRATIVE & GENERAL	RESOURCE GROUP	-375,719	0	3.03
3.04	5.00	ADMINISTRATIVE & GENERAL	INFO SERVICES	10,231,329	0	3.04
3.05	5.00	ADMINISTRATIVE & GENERAL	ACO OPERATIONS	160,543	0	3.05
3.06	5.00	ADMINISTRATIVE & GENERAL	CALL CENTER AND CENTRAL SCHE	606,956	0	3.06
3.07	5.00	ADMINISTRATIVE & GENERAL	CLINICAL INFORMATICS	19,679	0	3.07
3.08	5.00	ADMINISTRATIVE & GENERAL	CREDENTIALING	48,681	0	3.08
3.09	5.00	ADMINISTRATIVE & GENERAL	QUALITY MANAGEMENT	1,403,456	0	3.09
3.10	5.00	ADMINISTRATIVE & GENERAL	BEHAVIORAL HEALTH INTAKE	148,313	0	3.10
3.11	15.00	PHARMACY	PHARMACY ADMIN	233,046	0	3.11
3.12	5.00	ADMINISTRATIVE & GENERAL	REVENUE CYCLE MGMT	9,068,088	0	3.12
3.13	5.00	ADMINISTRATIVE & GENERAL	PT ACCESS CONTACT CENTER	75,611	0	3.13
3.14	5.00	ADMINISTRATIVE & GENERAL	MEDICAL AFFAIRS ADMIN	220,617	0	3.14
3.15	5.00	ADMINISTRATIVE & GENERAL	MANAGED CARE CONTRACTING	139,828	0	3.15
3.16	13.00	NURSING ADMINISTRATION	NURSING ADMINISTRATION	112,898	0	3.16
3.17	7.00	OPERATION OF PLANT	FACILITIES	299,689	0	3.17
3.18	5.00	ADMINISTRATIVE & GENERAL	SERVICE LINES	570,704	0	3.18
3.19	31.00	INTENSIVE CARE UNIT	TELE ICU	598,777	0	3.19
3.20	4.00	EMPLOYEE BENEFITS DEPARTMENT	HUMAN RESOURCES	388,092	0	3.20
3.21	16.00	MEDICAL RECORDS & LIBRARY	HEALTH INFORMATION MGMT	60,074	0	3.21
3.22	5.00	ADMINISTRATIVE & GENERAL	CASE MGMT	233,046	0	3.22
3.23	6.00	MAINTENANCE & REPAIRS	BIOMED ENG	1,186,982	0	3.23
3.24	1.00	CAP REL COSTS-BLDG & FIXT	POOLED CAPITAL	1,122,353	0	3.24
3.25	2.00	CAP REL COSTS-MVBLE EQUIP	POOLED CAPITAL	1,343,078	0	3.25
3.26	60.00	LABORATORY	ALVERNO	5,502,564	5,399,628	3.26
4.00	5.00	ADMINISTRATIVE & GENERAL	POOLED NON CAPITAL	19,482,114	39,949,164	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			54,277,610	47,909,961	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	100.00	PRESENCE CARE	100.00	6.00
7.00	C	0.00	ALVERNO LAB	66.67	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-1

Date/Time Prepared:
11/25/2020 9:04 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	298,078	0		1.00
2.00	110,245	0		2.00
3.00	-793,509	11		3.00
3.01	-949,564	11		3.01
3.02	170,392	0		3.02
3.03	-375,719	0		3.03
3.04	10,231,329	0		3.04
3.05	160,543	0		3.05
3.06	606,956	0		3.06
3.07	19,679	0		3.07
3.08	48,681	0		3.08
3.09	1,403,456	0		3.09
3.10	148,313	0		3.10
3.11	233,046	0		3.11
3.12	9,068,088	0		3.12
3.13	75,611	0		3.13
3.14	220,617	0		3.14
3.15	139,828	0		3.15
3.16	112,898	0		3.16
3.17	299,689	0		3.17
3.18	570,704	0		3.18
3.19	598,777	0		3.19
3.20	388,092	0		3.20
3.21	60,074	0		3.21
3.22	233,046	0		3.22
3.23	1,186,982	0		3.23
3.24	1,122,353	9		3.24
3.25	1,343,078	9		3.25
3.26	102,936	0		3.26
4.00	-20,467,050	0		4.00
5.00	6,367,649			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTHCARE CHAIN		6.00
7.00	LABORATORY		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet A-8-2

Date/Time Prepared:
11/25/2020 9:04 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	942,780	782,572	160,208	211,500	993	1.00
2.00	30.00	DR. A	7,200	0	7,200	181,300	51	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	561,253	500,933	60,320	211,500	416	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	1,220,594	1,164,216	56,378	181,300	423	4.00
5.00	43.00	NURSERY	469,030	469,030	0	0	0	5.00
6.00	50.00	OPERATING ROOM	1,291,096	1,291,096	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	825,000	825,000	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	2,091,632	2,091,632	0	0	0	8.00
9.00	60.00	AGGREGATE-LABORATORY	60,000	24,000	36,000	260,300	240	9.00
10.00	70.01	ELECTROSHOCK THERAPY	0	0	0	0	0	10.00
11.00	75.01	DR. B	21,568	0	21,568	181,300	155	11.00
12.00	90.02	PRCC	6,810,066	6,810,066	0	0	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	2,171,824	2,146,624	25,200	211,500	168	13.00
200.00			16,472,043	16,105,169	366,874		2,446	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	100,971	5,049	0	0	0	1.00
2.00	30.00	DR. A	4,445	222	0	0	0	2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	42,300	2,115	0	0	0	3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	36,870	1,844	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	60.00	AGGREGATE-LABORATORY	30,035	1,502	0	0	0	9.00
10.00	70.01	ELECTROSHOCK THERAPY	0	0	0	0	0	10.00
11.00	75.01	DR. B	13,510	676	0	0	0	11.00
12.00	90.02	PRCC	0	0	0	0	0	12.00
13.00	91.00	AGGREGATE-EMERGENCY	17,083	854	0	0	0	13.00
200.00			245,214	12,262	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	100,971	59,237	841,809		1.00
2.00	30.00	DR. A	0	4,445	2,755	2,755		2.00
3.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	42,300	18,020	518,953		3.00
4.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	36,870	19,508	1,183,724		4.00
5.00	43.00	NURSERY	0	0	0	469,030		5.00
6.00	50.00	OPERATING ROOM	0	0	0	1,291,096		6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	825,000		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	2,091,632		8.00
9.00	60.00	AGGREGATE-LABORATORY	0	30,035	5,965	29,965		9.00
10.00	70.01	ELECTROSHOCK THERAPY	0	0	0	0		10.00
11.00	75.01	DR. B	0	13,510	8,058	8,058		11.00
12.00	90.02	PRCC	0	0	0	6,810,066		12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	17,083	8,117	2,154,741		13.00
200.00			0	245,214	121,660	16,226,829		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,854,219	5,854,219			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,459,559	4,459,559			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,732,241	43,823	33,383	7,809,447	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	59,218,599	501,015	381,657	525,501	5.00
6.00	00600	MAINTENANCE & REPAIRS	3,483,083	1,516,700	1,155,377	0	6.00
7.00	00700	OPERATION OF PLANT	3,312,827	13,028	9,924	112,532	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	357,828	7,333	5,586	0	8.00
9.00	00900	HOUSEKEEPING	2,649,999	101,465	77,292	0	9.00
10.00	01000	DIETARY	1,215,070	105,909	80,678	1,187	10.00
11.00	01100	CAFETERIA	1,637,414	78,875	60,084	1,936	11.00
13.00	01300	NURSING ADMINISTRATION	1,787,703	53,821	40,999	282,376	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	311,886	172,688	131,548	43,569	14.00
15.00	01500	PHARMACY	2,792,748	126,306	96,216	349,975	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	60,074	109,953	83,759	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,666,878	909,113	692,534	1,939,188	30.00
31.00	03100	INTENSIVE CARE UNIT	3,808,543	227,169	173,050	529,432	31.00
40.00	04000	SUBPROVIDER - IPF	4,330,018	399,197	304,096	736,688	40.00
43.00	04300	NURSERY	836,705	73,499	55,989	142,686	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,240,227	339,339	258,498	362,102	50.00
51.00	05100	RECOVERY ROOM	1,345,452	267,019	203,407	226,175	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	647,469	88,908	67,727	111,561	52.00
53.00	05300	ANESTHESIOLOGY	72,150	7,463	5,685	8,012	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,795,962	144,604	110,155	258,710	54.00
54.02	03630	ULTRA SOUND	501,960	33,684	25,659	79,951	54.02
57.00	05700	CT SCAN	651,017	16,659	12,690	104,465	57.00
58.00	05800	MRI	164,884	30,123	22,947	28,304	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,444,612	38,636	29,431	230,663	59.00
60.00	06000	LABORATORY	5,428,926	7,758	5,910	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	539,261	6,355	4,841	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,162,029	23,698	18,052	190,947	65.00
66.00	06600	PHYSICAL THERAPY	788,155	1,615	1,230	67,624	66.00
67.00	06700	OCCUPATIONAL THERAPY	246,197	1,509	1,150	6,647	67.00
68.00	06800	SPEECH PATHOLOGY	319,253	3,643	2,775	7,235	68.00
69.00	06900	ELECTROCARDIOLOGY	456,396	38,258	29,144	67,266	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,506,972	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,973,803	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,845,650	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	700,105	6,178	4,706	12,167	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	622,911	112,264	85,519	104,251	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	281,510	33,118	25,228	32,162	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02	09002	PRCC	9,619,263	0	0	388,225	90.02
91.00	09100	EMERGENCY	4,591,713	191,269	145,703	720,485	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	187,461,271	5,831,994	4,442,629	7,672,022	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,404	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	548,725	0	0	61,023	192.01
193.01	19301	MASSAGE THERAPY	0	5,636	4,293	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	64,733	0	0	10,994	193.03
193.04	19304	FOUNDATION	0	8,218	6,260	0	193.04
193.05	19305	LEASED BLDG	52,043	5,011	3,817	0	193.05
193.07	19307	PARISH NURSING	140,580	3,360	2,560	24,364	193.07
194.00	07950	OP PHARMACY	1,326,858	0	0	41,044	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	189,612,614	5,854,219	4,459,559	7,809,447	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	60,626,772					5.00
6.00	00600	MAINTENANCE & REPAIRS	2,893,091	9,048,251				6.00
7.00	00700	OPERATION OF PLANT	1,620,799	31,081	5,100,191			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	174,261	17,495	9,895	572,398		8.00
9.00	00900	HOUSEKEEPING	1,329,592	242,065	136,914	0	4,537,327	9.00
10.00	01000	DIETARY	659,375	252,669	142,912	0	130,908	10.00
11.00	01100	CAFETERIA	835,853	188,173	106,432	0	97,493	11.00
13.00	01300	NURSING ADMINISTRATION	1,017,561	128,402	72,625	0	66,525	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	310,073	411,983	233,021	0	213,449	14.00
15.00	01500	PHARMACY	1,581,756	301,330	170,435	0	156,119	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	119,286	262,317	148,369	0	135,907	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,148,036	2,168,885	1,226,742	359,925	1,123,704	30.00
31.00	03100	INTENSIVE CARE UNIT	2,227,079	541,961	306,538	56,415	280,790	31.00
40.00	04000	SUBPROVIDER - IPF	2,712,055	952,369	538,668	149,812	493,423	40.00
43.00	04300	NURSERY	521,203	175,347	99,178	6,246	90,847	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,974,191	809,566	457,898	0	419,437	50.00
51.00	05100	RECOVERY ROOM	959,820	637,032	360,311	0	330,047	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	430,387	212,109	119,971	0	109,894	52.00
53.00	05300	ANESTHESIOLOGY	43,858	17,805	10,070	0	9,225	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,085,495	344,984	195,126	0	178,736	54.00
54.02	03630	ULTRA SOUND	301,407	80,360	45,452	0	41,635	54.02
57.00	05700	CT SCAN	368,892	39,744	22,480	0	20,591	57.00
58.00	05800	MRI	115,748	71,866	40,648	0	37,234	58.00
59.00	05900	CARDIAC CATHETERIZATION	819,418	92,174	52,134	0	47,755	59.00
60.00	06000	LABORATORY	2,558,166	18,508	10,468	0	9,589	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	258,730	15,161	8,575	0	7,855	63.00
65.00	06500	RESPIRATORY THERAPY	655,559	56,536	31,977	0	29,292	65.00
66.00	06600	PHYSICAL THERAPY	403,576	3,853	2,180	0	1,996	66.00
67.00	06700	OCCUPATIONAL THERAPY	120,093	3,600	2,036	0	1,865	67.00
68.00	06800	SPEECH PATHOLOGY	156,475	8,691	4,916	0	4,503	68.00
69.00	06900	ELECTROCARDIOLOGY	277,816	91,274	51,625	0	47,289	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,408,588	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,337,822	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,797,961	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	339,903	14,739	8,336	0	7,636	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	434,749	267,830	151,487	0	138,763	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	174,859	79,010	44,689	0	40,935	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	4,703,790	0	0	0	0	90.02
91.00	09100	EMERGENCY	2,655,262	456,312	258,094	0	236,416	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	59,532,585	8,995,231	5,070,202	572,398	4,509,858	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,650	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	286,598	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	4,667	13,445	7,605	0	6,966	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	35,594	0	0	0	0	193.03
193.04	19304	FOUNDATION	6,805	19,605	11,089	0	10,157	193.04
193.05	19305	LEASED BLDG	28,611	11,954	6,761	0	6,193	193.05
193.07	19307	PARISH NURSING	80,311	8,016	4,534	0	4,153	193.07
194.00	07950	OP PHARMACY	642,951	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	60,626,772	9,048,251	5,100,191	572,398	4,537,327	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,588,708					10.00
11.00	01100	CAFETERIA	0	3,006,260				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,450,012			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,828,217		14.00
15.00	01500	PHARMACY	0	0	0	0	5,574,885	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,739,928	2,020,574	1,161,451	0	1,248	30.00
31.00	03100	INTENSIVE CARE UNIT	134,488	156,181	261,560	0	406	31.00
40.00	04000	SUBPROVIDER - IPF	714,292	829,505	414,154	0	20	40.00
43.00	04300	NURSERY	0	0	70,053	0	24	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	163,315	0	3,314	50.00
51.00	05100	RECOVERY ROOM	0	0	101,201	0	58	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	56,557	0	64	52.00
53.00	05300	ANESTHESIOLOGY	0	0	8,069	0	66	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	134,679	0	19,499	54.00
54.02	03630	ULTRA SOUND	0	0	35,171	0	845	54.02
57.00	05700	CT SCAN	0	0	51,026	0	13,477	57.00
58.00	05800	MRI	0	0	13,129	0	1,049	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	96,603	0	5,440	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	106,687	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	32,048	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,575	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	2,860	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	36,230	0	2,925	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,276,473	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	551,744	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	883,155	73.00
74.00	07400	RENAL DIALYSIS	0	0	5,275	0	4	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	67,856	0	67	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	18,904	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	236,898	0	4,642,461	90.02
91.00	09100	EMERGENCY	0	0	373,711	0	763	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,588,708	3,006,260	3,450,012	1,828,217	5,574,885	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,588,708	3,006,260	3,450,012	1,828,217	5,574,885	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	919,665				16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	97,392	32,255,598	0	32,255,598	30.00
31.00	03100	INTENSIVE CARE UNIT	27,584	8,731,196	0	8,731,196	31.00
40.00	04000	SUBPROVIDER - IPF	26,719	12,601,016	0	12,601,016	40.00
43.00	04300	NURSERY	2,020	2,073,797	0	2,073,797	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	83,255	8,111,142	0	8,111,142	50.00
51.00	05100	RECOVERY ROOM	27,090	4,457,612	0	4,457,612	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,722	1,846,369	0	1,846,369	52.00
53.00	05300	ANESTHESIOLOGY	7,324	189,727	0	189,727	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,971	4,290,921	0	4,290,921	54.00
54.02	03630	ULTRA SOUND	8,982	1,155,106	0	1,155,106	54.02
57.00	05700	CT SCAN	52,492	1,353,533	0	1,353,533	57.00
58.00	05800	MRI	6,282	532,214	0	532,214	58.00
59.00	05900	CARDIAC CATHETERIZATION	63,125	2,919,991	0	2,919,991	59.00
60.00	06000	LABORATORY	61,638	8,100,963	0	8,100,963	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,561	842,339	0	842,339	63.00
65.00	06500	RESPIRATORY THERAPY	11,137	2,285,914	0	2,285,914	65.00
66.00	06600	PHYSICAL THERAPY	7,312	1,309,589	0	1,309,589	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,286	386,958	0	386,958	67.00
68.00	06800	SPEECH PATHOLOGY	709	511,060	0	511,060	68.00
69.00	06900	ELECTROCARDIOLOGY	20,409	1,118,632	0	1,118,632	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	43,674	18,235,707	0	18,235,707	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	29,474	7,892,843	0	7,892,843	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	137,452	31,664,218	0	31,664,218	73.00
74.00	07400	RENAL DIALYSIS	3,100	1,102,149	0	1,102,149	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,173	1,989,870	0	1,989,870	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,203	732,618	0	732,618	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02	09002	PRCC	77,772	19,668,409	0	19,668,409	90.02
91.00	09100	EMERGENCY	90,807	9,720,535	0	9,720,535	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	919,665	186,080,026	0	186,080,026	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,054	0	27,054	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	896,346	0	896,346	192.01
193.01	19301	MASSAGE THERAPY	0	42,612	0	42,612	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	111,321	0	111,321	193.03
193.04	19304	FOUNDATION	0	62,134	0	62,134	193.04
193.05	19305	LEASED BLDG	0	114,390	0	114,390	193.05
193.07	19307	PARISH NURSING	0	267,878	0	267,878	193.07
194.00	07950	OP PHARMACY	0	2,010,853	0	2,010,853	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	919,665	189,612,614	0	189,612,614	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	43,823	33,383	77,206	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	501,015	381,657	882,672	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,516,700	1,155,377	2,672,077	6.00
7.00	00700	OPERATION OF PLANT	0	13,028	9,924	22,952	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,333	5,586	12,919	8.00
9.00	00900	HOUSEKEEPING	0	101,465	77,292	178,757	9.00
10.00	01000	DIETARY	0	105,909	80,678	186,587	10.00
11.00	01100	CAFETERIA	0	78,875	60,084	138,959	11.00
13.00	01300	NURSING ADMINISTRATION	0	53,821	40,999	94,820	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	172,688	131,548	304,236	14.00
15.00	01500	PHARMACY	0	126,306	96,216	222,522	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	109,953	83,759	193,712	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	909,113	692,534	1,601,647	30.00
31.00	03100	INTENSIVE CARE UNIT	0	227,169	173,050	400,219	31.00
40.00	04000	SUBPROVIDER - IPF	0	399,197	304,096	703,293	40.00
43.00	04300	NURSERY	0	73,499	55,989	129,488	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	339,339	258,498	597,837	50.00
51.00	05100	RECOVERY ROOM	0	267,019	203,407	470,426	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	88,908	67,727	156,635	52.00
53.00	05300	ANESTHESIOLOGY	0	7,463	5,685	13,148	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	144,604	110,155	254,759	54.00
54.02	03630	ULTRA SOUND	0	33,684	25,659	59,343	54.02
57.00	05700	CT SCAN	0	16,659	12,690	29,349	57.00
58.00	05800	MRI	0	30,123	22,947	53,070	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	38,636	29,431	68,067	59.00
60.00	06000	LABORATORY	0	7,758	5,910	13,668	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,355	4,841	11,196	63.00
65.00	06500	RESPIRATORY THERAPY	0	23,698	18,052	41,750	65.00
66.00	06600	PHYSICAL THERAPY	0	1,615	1,230	2,845	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,509	1,150	2,659	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,643	2,775	6,418	68.00
69.00	06900	ELECTROCARDIOLOGY	0	38,258	29,144	67,402	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	6,178	4,706	10,884	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	112,264	85,519	197,783	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	33,118	25,228	58,346	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	3,838	90.02
91.00	09100	EMERGENCY	0	191,269	145,703	336,972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,831,994	4,442,629	10,274,623	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	603	192.01
193.01	19301	MASSAGE THERAPY	0	5,636	4,293	9,929	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	109	193.03
193.04	19304	FOUNDATION	0	8,218	6,260	14,478	193.04
193.05	19305	LEASED BLDG	0	5,011	3,817	8,828	193.05
193.07	19307	PARISH NURSING	0	3,360	2,560	5,920	193.07
194.00	07950	OP PHARMACY	0	0	0	406	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	5,854,219	4,459,559	10,313,778	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	887,868					5.00
6.00	00600	MAINTENANCE & REPAIRS	42,366	2,714,443				6.00
7.00	00700	OPERATION OF PLANT	23,735	9,324	57,124			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,552	5,249	111	20,831		8.00
9.00	00900	HOUSEKEEPING	19,470	72,619	1,533	0	272,379	9.00
10.00	01000	DIETARY	9,656	75,800	1,601	0	7,859	10.00
11.00	01100	CAFETERIA	12,240	56,451	1,192	0	5,853	11.00
13.00	01300	NURSING ADMINISTRATION	14,901	38,520	813	0	3,994	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,541	123,594	2,610	0	12,814	14.00
15.00	01500	PHARMACY	23,163	90,398	1,909	0	9,372	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,747	78,694	1,662	0	8,159	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	104,675	650,659	13,740	13,099	67,454	30.00
31.00	03100	INTENSIVE CARE UNIT	32,613	162,586	3,433	2,053	16,856	31.00
40.00	04000	SUBPROVIDER - IPF	39,715	285,707	6,033	5,452	29,621	40.00
43.00	04300	NURSERY	7,632	52,603	1,111	227	5,454	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,910	242,867	5,129	0	25,179	50.00
51.00	05100	RECOVERY ROOM	14,055	191,107	4,036	0	19,813	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,303	63,632	1,344	0	6,597	52.00
53.00	05300	ANESTHESIOLOGY	642	5,341	113	0	554	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,896	103,494	2,185	0	10,730	54.00
54.02	03630	ULTRA SOUND	4,414	24,108	509	0	2,499	54.02
57.00	05700	CT SCAN	5,402	11,923	252	0	1,236	57.00
58.00	05800	MRI	1,695	21,559	455	0	2,235	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,999	27,652	584	0	2,867	59.00
60.00	06000	LABORATORY	37,461	5,552	117	0	576	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,789	4,548	96	0	472	63.00
65.00	06500	RESPIRATORY THERAPY	9,600	16,961	358	0	1,758	65.00
66.00	06600	PHYSICAL THERAPY	5,910	1,156	24	0	120	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,759	1,080	23	0	112	67.00
68.00	06800	SPEECH PATHOLOGY	2,291	2,607	55	0	270	68.00
69.00	06900	ELECTROCARDIOLOGY	4,068	27,382	578	0	2,839	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	79,202	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	34,235	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	143,539	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,977	4,422	93	0	458	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,366	80,348	1,697	0	8,330	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,561	23,703	501	0	2,457	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	68,882	0	0	0	0	90.02
91.00	09100	EMERGENCY	38,883	136,892	2,891	0	14,192	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	871,845	2,698,538	56,788	20,831	270,730	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	127	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	4,197	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	68	4,033	85	0	418	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	521	0	0	0	0	193.03
193.04	19304	FOUNDATION	100	5,881	124	0	610	193.04
193.05	19305	LEASED BLDG	419	3,586	76	0	372	193.05
193.07	19307	PARISH NURSING	1,176	2,405	51	0	249	193.07
194.00	07950	OP PHARMACY	9,415	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	887,868	2,714,443	57,124	20,831	272,379	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	281,515					10.00
11.00	01100	CAFETERIA	0	214,714				11.00
13.00	01300	NURSING ADMINISTRATION	0	0	155,840			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	448,226		14.00
15.00	01500	PHARMACY	0	0	0	0	350,824	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	189,213	144,314	52,463	0	79	30.00
31.00	03100	INTENSIVE CARE UNIT	14,625	11,155	11,815	0	26	31.00
40.00	04000	SUBPROVIDER - IPF	77,677	59,245	18,708	0	1	40.00
43.00	04300	NURSERY	0	0	3,164	0	2	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	7,377	0	209	50.00
51.00	05100	RECOVERY ROOM	0	0	4,571	0	4	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,555	0	4	52.00
53.00	05300	ANESTHESIOLOGY	0	0	364	0	4	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	6,084	0	1,227	54.00
54.02	03630	ULTRA SOUND	0	0	1,589	0	53	54.02
57.00	05700	CT SCAN	0	0	2,305	0	848	57.00
58.00	05800	MRI	0	0	593	0	66	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,364	0	342	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,819	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	1,448	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	116	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	129	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,637	0	184	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	312,953	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	135,273	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	55,576	73.00
74.00	07400	RENAL DIALYSIS	0	0	238	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	3,065	0	4	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	854	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	10,701	0	292,147	90.02
91.00	09100	EMERGENCY	0	0	16,881	0	48	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	281,515	214,714	155,840	448,226	350,824	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	281,515	214,714	155,840	448,226	350,824	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	283,974				16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,051	2,886,559	0	2,886,559	30.00
31.00	03100	INTENSIVE CARE UNIT	8,511	669,126	0	669,126	31.00
40.00	04000	SUBPROVIDER - IPF	8,244	1,240,980	0	1,240,980	40.00
43.00	04300	NURSERY	623	201,715	0	201,715	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,689	936,777	0	936,777	50.00
51.00	05100	RECOVERY ROOM	8,359	714,607	0	714,607	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	531	238,704	0	238,704	52.00
53.00	05300	ANESTHESIOLOGY	2,260	22,505	0	22,505	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,088	404,021	0	404,021	54.00
54.02	03630	ULTRA SOUND	2,772	96,077	0	96,077	54.02
57.00	05700	CT SCAN	16,197	68,545	0	68,545	57.00
58.00	05800	MRI	1,938	81,891	0	81,891	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,478	137,634	0	137,634	59.00
60.00	06000	LABORATORY	19,019	76,393	0	76,393	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	482	20,583	0	20,583	63.00
65.00	06500	RESPIRATORY THERAPY	3,436	80,570	0	80,570	65.00
66.00	06600	PHYSICAL THERAPY	2,256	14,428	0	14,428	66.00
67.00	06700	OCCUPATIONAL THERAPY	397	6,212	0	6,212	67.00
68.00	06800	SPEECH PATHOLOGY	219	12,061	0	12,061	68.00
69.00	06900	ELECTROCARDIOLOGY	6,298	111,053	0	111,053	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	13,476	405,631	0	405,631	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,094	178,602	0	178,602	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,616	241,731	0	241,731	73.00
74.00	07400	RENAL DIALYSIS	956	22,148	0	22,148	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,288	299,912	0	299,912	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	680	89,420	0	89,420	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	90.01
90.02	09002	PRCC	23,997	399,565	0	399,565	90.02
91.00	09100	EMERGENCY	28,019	581,901	0	581,901	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	283,974	10,239,351	0	10,239,351	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	127	0	127	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	4,800	0	4,800	192.01
193.01	19301	MASSAGE THERAPY	0	14,533	0	14,533	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	630	0	630	193.03
193.04	19304	FOUNDATION	0	21,193	0	21,193	193.04
193.05	19305	LEASED BLDG	0	13,281	0	13,281	193.05
193.07	19307	PARISH NURSING	0	10,042	0	10,042	193.07
194.00	07950	OP PHARMACY	0	9,821	0	9,821	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	283,974	10,313,778	0	10,313,778	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	496,542					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		496,542				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,717	3,717	41,985,741			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,495	42,495	2,825,245	-60,626,772	128,985,842	5.00
6.00	00600	MAINTENANCE & REPAIRS	128,643	128,643	0	0	6,155,160	6.00
7.00	00700	OPERATION OF PLANT	1,105	1,105	605,006	0	3,448,311	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	622	622	0	0	370,747	8.00
9.00	00900	HOUSEKEEPING	8,606	8,606	0	0	2,828,756	9.00
10.00	01000	DIETARY	8,983	8,983	6,380	0	1,402,844	10.00
11.00	01100	CAFETERIA	6,690	6,690	10,408	0	1,778,309	11.00
13.00	01300	NURSING ADMINISTRATION	4,565	4,565	1,518,134	0	2,164,899	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,647	14,647	234,242	0	659,691	14.00
15.00	01500	PHARMACY	10,713	10,713	1,881,564	0	3,365,245	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,326	9,326	0	0	253,786	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,109	77,109	10,425,533	0	15,207,713	30.00
31.00	03100	INTENSIVE CARE UNIT	19,268	19,268	2,846,376	0	4,738,194	31.00
40.00	04000	SUBPROVIDER - IPF	33,859	33,859	3,960,646	0	5,769,999	40.00
43.00	04300	NURSERY	6,234	6,234	767,121	0	1,108,879	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,782	28,782	1,946,762	0	4,200,166	50.00
51.00	05100	RECOVERY ROOM	22,648	22,648	1,215,984	0	2,042,053	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,541	7,541	599,783	0	915,665	52.00
53.00	05300	ANESTHESIOLOGY	633	633	43,074	0	93,310	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,265	12,265	1,390,897	0	2,309,431	54.00
54.02	03630	ULTRA SOUND	2,857	2,857	429,842	0	641,254	54.02
57.00	05700	CT SCAN	1,413	1,413	561,632	0	784,831	57.00
58.00	05800	MRI	2,555	2,555	152,172	0	246,258	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,277	3,277	1,240,112	0	1,743,342	59.00
60.00	06000	LABORATORY	658	658	0	0	5,442,594	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	539	539	0	0	550,457	63.00
65.00	06500	RESPIRATORY THERAPY	2,010	2,010	1,026,588	0	1,394,726	65.00
66.00	06600	PHYSICAL THERAPY	137	137	363,566	0	858,624	66.00
67.00	06700	OCCUPATIONAL THERAPY	128	128	35,738	0	255,503	67.00
68.00	06800	SPEECH PATHOLOGY	309	309	38,898	0	332,906	68.00
69.00	06900	ELECTROCARDIOLOGY	3,245	3,245	361,643	0	591,064	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	11,506,972	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,973,803	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	20,845,650	73.00
74.00	07400	RENAL DIALYSIS	524	524	65,414	0	723,156	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	9,522	9,522	560,484	0	924,945	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,809	2,809	172,913	0	372,018	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	2,087,209	0	10,007,488	90.02
91.00	09100	EMERGENCY	16,223	16,223	3,873,536	0	5,649,170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	494,657	494,657	41,246,902	-60,626,772	126,657,919	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	18,404	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	328,075	0	609,748	192.01
193.01	19301	MASSAGE THERAPY	478	478	0	0	9,929	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	59,108	0	75,727	193.03
193.04	19304	FOUNDATION	697	697	0	0	14,478	193.04
193.05	19305	LEASED BLDG	425	425	0	0	60,871	193.05
193.07	19307	PARISH NURSING	285	285	130,990	0	170,864	193.07
194.00	07950	OP PHARMACY	0	0	220,666	0	1,367,902	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	5,854,219	4,459,559	7,809,447		60,626,772	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.789977	8.981232	0.186002		0.470027	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			77,206		887,868	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001839		0.006883	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	321,687					6.00
7.00	00700	OPERATION OF PLANT	1,105	320,582				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	622	622	33,726			8.00
9.00	00900	HOUSEKEEPING	8,606	8,606	0	311,354		9.00
10.00	01000	DIETARY	8,983	8,983	0	8,983	79,978	10.00
11.00	01100	CAFETERIA	6,690	6,690	0	6,690	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,565	4,565	0	4,565	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,647	14,647	0	14,647	0	14.00
15.00	01500	PHARMACY	10,713	10,713	0	10,713	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,326	9,326	0	9,326	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	77,109	77,109	21,207	77,109	53,755	30.00
31.00	03100	INTENSIVE CARE UNIT	19,268	19,268	3,324	19,268	4,155	31.00
40.00	04000	SUBPROVIDER - IPF	33,859	33,859	8,827	33,859	22,068	40.00
43.00	04300	NURSERY	6,234	6,234	368	6,234	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,782	28,782	0	28,782	0	50.00
51.00	05100	RECOVERY ROOM	22,648	22,648	0	22,648	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,541	7,541	0	7,541	0	52.00
53.00	05300	ANESTHESIOLOGY	633	633	0	633	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,265	12,265	0	12,265	0	54.00
54.02	03630	ULTRA SOUND	2,857	2,857	0	2,857	0	54.02
57.00	05700	CT SCAN	1,413	1,413	0	1,413	0	57.00
58.00	05800	MRI	2,555	2,555	0	2,555	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,277	3,277	0	3,277	0	59.00
60.00	06000	LABORATORY	658	658	0	658	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	539	539	0	539	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,010	2,010	0	2,010	0	65.00
66.00	06600	PHYSICAL THERAPY	137	137	0	137	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	128	128	0	128	0	67.00
68.00	06800	SPEECH PATHOLOGY	309	309	0	309	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,245	3,245	0	3,245	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	524	524	0	524	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	9,522	9,522	0	9,522	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	2,809	2,809	0	2,809	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	16,223	16,223	0	16,223	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	319,802	318,697	33,726	309,469	79,978	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	478	478	0	478	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	697	697	0	697	0	193.04
193.05	19305	LEASED BLDG	425	425	0	425	0	193.05
193.07	19307	PARISH NURSING	285	285	0	285	0	193.07
194.00	07950	OP PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,048,251	5,100,191	572,398	4,537,327	2,588,708	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.127500	15.909162	16.972010	14.572888	32.367751	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,714,443	57,124	20,831	272,379	281,515	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	8.438150	0.178188	0.617654	0.874821	3.519905	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description			CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	79,978					11.00
13.00	01300	NURSING ADMINISTRATION	0	931,291				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	16,480,775			14.00
15.00	01500	PHARMACY	0	0	0	20,799,377		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,035,700,429	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,755	313,520	0	4,655	109,675,396	30.00
31.00	03100	INTENSIVE CARE UNIT	4,155	70,605	0	1,514	31,063,091	31.00
40.00	04000	SUBPROVIDER - IPF	22,068	111,796	0	74	30,089,041	40.00
43.00	04300	NURSERY	0	18,910	0	89	2,274,340	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	44,085	0	12,363	93,755,337	50.00
51.00	05100	RECOVERY ROOM	0	27,318	0	217	30,506,248	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,267	0	240	1,939,441	52.00
53.00	05300	ANESTHESIOLOGY	0	2,178	0	245	8,247,517	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	36,355	0	72,748	25,868,655	54.00
54.02	03630	ULTRA SOUND	0	9,494	0	3,152	10,115,343	54.02
57.00	05700	CT SCAN	0	13,774	0	50,283	59,112,898	57.00
58.00	05800	MRI	0	3,544	0	3,913	7,074,595	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	26,077	0	20,296	71,086,832	59.00
60.00	06000	LABORATORY	0	0	0	0	69,412,567	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,758,427	63.00
65.00	06500	RESPIRATORY THERAPY	0	28,799	0	0	12,541,881	65.00
66.00	06600	PHYSICAL THERAPY	0	8,651	0	0	8,234,094	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	695	0	0	1,447,957	67.00
68.00	06800	SPEECH PATHOLOGY	0	772	0	0	798,162	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,780	0	10,912	22,983,635	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	11,506,972	0	49,182,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,973,803	0	33,191,522	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,294,975	154,828,966	73.00
74.00	07400	RENAL DIALYSIS	0	1,424	0	14	3,490,844	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	18,317	0	251	4,699,729	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	5,103	0	0	2,480,902	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	63,948	0	17,320,591	87,581,049	90.02
91.00	09100	EMERGENCY	0	100,879	0	2,845	102,259,752	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,978	931,291	16,480,775	20,799,377	1,035,700,429	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.01	19201	PHYSICIAN PRACTICE MANAGEMENT	0	0	0	0	0	192.01
193.01	19301	MASSAGE THERAPY	0	0	0	0	0	193.01
193.02	19302	IDOL SPACE/HOME HEALTH	0	0	0	0	0	193.02
193.03	19303	ADOL SCHOOL	0	0	0	0	0	193.03
193.04	19304	FOUNDATION	0	0	0	0	0	193.04
193.05	19305	LEASED BLDG	0	0	0	0	0	193.05
193.07	19307	PARISH NURSING	0	0	0	0	0	193.07
194.00	07950	OP PHARMACY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,006,260	3,450,012	1,828,217	5,574,885	919,665	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	37.588587	3.704548	0.110930	0.268031	0.000888	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet B-1

Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	214,714	155,840	448,226	350,824	283,974	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.684663	0.167338	0.027197	0.016867	0.000274	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 9:04 am

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,255,598	32,255,598	2,755	32,258,353 30.00
31.00	03100	INTENSIVE CARE UNIT	8,731,196	8,731,196	18,020	8,749,216 31.00
40.00	04000	SUBPROVIDER - IPF	12,601,016	12,601,016	19,508	12,620,524 40.00
43.00	04300	NURSERY	2,073,797	2,073,797	0	2,073,797 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,111,142	8,111,142	0	8,111,142 50.00
51.00	05100	RECOVERY ROOM	4,457,612	4,457,612	0	4,457,612 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,846,369	1,846,369	0	1,846,369 52.00
53.00	05300	ANESTHESIOLOGY	189,727	189,727	0	189,727 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,290,921	4,290,921	0	4,290,921 54.00
54.02	03630	ULTRA SOUND	1,155,106	1,155,106	0	1,155,106 54.02
57.00	05700	CT SCAN	1,353,533	1,353,533	0	1,353,533 57.00
58.00	05800	MRI	532,214	532,214	0	532,214 58.00
59.00	05900	CARDIAC CATHETERIZATION	2,919,991	2,919,991	0	2,919,991 59.00
60.00	06000	LABORATORY	8,100,963	8,100,963	5,965	8,106,928 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	842,339	842,339	0	842,339 63.00
65.00	06500	RESPIRATORY THERAPY	2,285,914	2,285,914	0	2,285,914 65.00
66.00	06600	PHYSICAL THERAPY	1,309,589	1,309,589	0	1,309,589 66.00
67.00	06700	OCCUPATIONAL THERAPY	386,958	386,958	0	386,958 67.00
68.00	06800	SPEECH PATHOLOGY	511,060	511,060	0	511,060 68.00
69.00	06900	ELECTROCARDIOLOGY	1,118,632	1,118,632	0	1,118,632 69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,235,707	18,235,707	0	18,235,707 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,892,843	7,892,843	0	7,892,843 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,664,218	31,664,218	0	31,664,218 73.00
74.00	07400	RENAL DIALYSIS	1,102,149	1,102,149	0	1,102,149 74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,989,870	1,989,870	8,058	1,997,928 75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	732,618	732,618	0	732,618 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0 90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0 90.01
90.02	09002	PRCC	19,668,409	19,668,409	0	19,668,409 90.02
91.00	09100	EMERGENCY	9,720,535	9,720,535	8,117	9,728,652 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,978,148	2,978,148	0	2,978,148 92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	0 113.00
200.00		Subtotal (see instructions)	189,058,174	189,058,174	62,423	189,120,597 200.00
201.00		Less Observation Beds	2,978,148	2,978,148	0	2,978,148 201.00
202.00		Total (see instructions)	186,080,026	186,080,026	62,423	186,142,449 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 9:04 am

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	91,117,502		91,117,502			30.00	
31.00	03100	INTENSIVE CARE UNIT	31,063,091		31,063,091			31.00	
40.00	04000	SUBPROVIDER - IPF	30,089,041		30,089,041			40.00	
43.00	04300	NURSERY	2,274,340		2,274,340			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,034,306	48,721,031	93,755,337	0.086514	0.000000	50.00	
51.00	05100	RECOVERY ROOM	9,127,221	21,379,027	30,506,248	0.146121	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,334,041	605,400	1,939,441	0.952011	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	2,866,327	5,381,190	8,247,517	0.023004	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,615,034	18,253,621	25,868,655	0.165873	0.000000	54.00	
54.02	03630	ULTRA SOUND	2,826,497	7,288,846	10,115,343	0.114193	0.000000	54.02	
57.00	05700	CT SCAN	17,523,714	41,589,184	59,112,898	0.022897	0.000000	57.00	
58.00	05800	MRI	2,333,643	4,740,952	7,074,595	0.075229	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	19,342,493	51,744,339	71,086,832	0.041076	0.000000	59.00	
60.00	06000	LABORATORY	35,248,775	34,163,792	69,412,567	0.116707	0.000000	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,263,979	494,448	1,758,427	0.479030	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	10,622,810	1,919,071	12,541,881	0.182262	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	4,113,168	4,120,926	8,234,094	0.159045	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	977,080	470,877	1,447,957	0.267244	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	309,267	488,895	798,162	0.640296	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	11,183,944	11,799,691	22,983,635	0.048671	0.000000	69.00	
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	0.000000	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,799,537	32,382,671	49,182,208	0.370779	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,460,357	21,731,165	33,191,522	0.237797	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	51,892,289	102,936,677	154,828,966	0.204511	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	3,285,040	205,804	3,490,844	0.315726	0.000000	74.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,324	4,697,405	4,699,729	0.423401	0.000000	75.01	
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	0.000000	76.00	
76.97	07697	CARDIAC REHABILITATION	1,170	2,479,732	2,480,902	0.295303	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0.000000	0.000000	90.01	
90.02	09002	PRCC	123	87,580,926	87,581,049	0.224574	0.000000	90.02	
91.00	09100	EMERGENCY	26,716,721	75,543,031	102,259,752	0.095057	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,174,218	15,383,676	18,557,894	0.160479	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	439,598,052	596,102,377	1,035,700,429			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	439,598,052	596,102,377	1,035,700,429			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 11/25/2020 9:04 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.086514		50.00
51.00	05100	RECOVERY ROOM	0.146121		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.952011		52.00
53.00	05300	ANESTHESIOLOGY	0.023004		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165873		54.00
54.02	03630	ULTRA SOUND	0.114193		54.02
57.00	05700	CT SCAN	0.022897		57.00
58.00	05800	MRI	0.075229		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.041076		59.00
60.00	06000	LABORATORY	0.116793		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.479030		63.00
65.00	06500	RESPIRATORY THERAPY	0.182262		65.00
66.00	06600	PHYSICAL THERAPY	0.159045		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.267244		67.00
68.00	06800	SPEECH PATHOLOGY	0.640296		68.00
69.00	06900	ELECTROCARDIOLOGY	0.048671		69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.370779		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.237797		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204511		73.00
74.00	07400	RENAL DIALYSIS	0.315726		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.425116		75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.295303		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000		90.01
90.02	09002	PRCC	0.224574		90.02
91.00	09100	EMERGENCY	0.095137		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.160479		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 9:04 am

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,255,598		32,255,598	2,755
31.00	03100	INTENSIVE CARE UNIT	8,731,196		8,731,196	18,020
40.00	04000	SUBPROVIDER - IPF	12,601,016		12,601,016	19,508
43.00	04300	NURSERY	2,073,797		2,073,797	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,111,142		8,111,142	0
51.00	05100	RECOVERY ROOM	4,457,612		4,457,612	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,846,369		1,846,369	0
53.00	05300	ANESTHESIOLOGY	189,727		189,727	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,290,921		4,290,921	0
54.02	03630	ULTRA SOUND	1,155,106		1,155,106	0
57.00	05700	CT SCAN	1,353,533		1,353,533	0
58.00	05800	MRI	532,214		532,214	0
59.00	05900	CARDIAC CATHETERIZATION	2,919,991		2,919,991	0
60.00	06000	LABORATORY	8,100,963		8,100,963	5,965
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	842,339		842,339	0
65.00	06500	RESPIRATORY THERAPY	2,285,914	0	2,285,914	0
66.00	06600	PHYSICAL THERAPY	1,309,589	0	1,309,589	0
67.00	06700	OCCUPATIONAL THERAPY	386,958	0	386,958	0
68.00	06800	SPEECH PATHOLOGY	511,060	0	511,060	0
69.00	06900	ELECTROCARDIOLOGY	1,118,632		1,118,632	0
70.01	03320	ELECTROSHOCK THERAPY	0		0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	18,235,707		18,235,707	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,892,843		7,892,843	0
73.00	07300	DRUGS CHARGED TO PATIENTS	31,664,218		31,664,218	0
74.00	07400	RENAL DIALYSIS	1,102,149		1,102,149	0
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,989,870		1,989,870	8,058
76.00	03950	OCCUPATIONAL HEALTH	0		0	0
76.97	07697	CARDIAC REHABILITATION	732,618		732,618	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0		0	0
90.01	09001	OUTPATIENT PROCEDURES	0		0	0
90.02	09002	PRCC	19,668,409		19,668,409	0
91.00	09100	EMERGENCY	9,720,535		9,720,535	8,117
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,978,148		2,978,148	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	189,058,174	0	189,058,174	62,423
201.00		Less Observation Beds	2,978,148		2,978,148	0
202.00		Total (see instructions)	186,080,026	0	186,080,026	62,423

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/25/2020 9:04 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	91,117,502		91,117,502		30.00
31.00	03100	INTENSIVE CARE UNIT	31,063,091		31,063,091		31.00
40.00	04000	SUBPROVIDER - IPF	30,089,041		30,089,041		40.00
43.00	04300	NURSERY	2,274,340		2,274,340		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,034,306	48,721,031	93,755,337	0.086514	50.00
51.00	05100	RECOVERY ROOM	9,127,221	21,379,027	30,506,248	0.146121	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,334,041	605,400	1,939,441	0.952011	52.00
53.00	05300	ANESTHESIOLOGY	2,866,327	5,381,190	8,247,517	0.023004	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,615,034	18,253,621	25,868,655	0.165873	54.00
54.02	03630	ULTRA SOUND	2,826,497	7,288,846	10,115,343	0.114193	54.02
57.00	05700	CT SCAN	17,523,714	41,589,184	59,112,898	0.022897	57.00
58.00	05800	MRI	2,333,643	4,740,952	7,074,595	0.075229	58.00
59.00	05900	CARDIAC CATHETERIZATION	19,342,493	51,744,339	71,086,832	0.041076	59.00
60.00	06000	LABORATORY	35,248,775	34,163,792	69,412,567	0.116707	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,263,979	494,448	1,758,427	0.479030	63.00
65.00	06500	RESPIRATORY THERAPY	10,622,810	1,919,071	12,541,881	0.182262	65.00
66.00	06600	PHYSICAL THERAPY	4,113,168	4,120,926	8,234,094	0.159045	66.00
67.00	06700	OCCUPATIONAL THERAPY	977,080	470,877	1,447,957	0.267244	67.00
68.00	06800	SPEECH PATHOLOGY	309,267	488,895	798,162	0.640296	68.00
69.00	06900	ELECTROCARDIOLOGY	11,183,944	11,799,691	22,983,635	0.048671	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	16,799,537	32,382,671	49,182,208	0.370779	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,460,357	21,731,165	33,191,522	0.237797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,892,289	102,936,677	154,828,966	0.204511	73.00
74.00	07400	RENAL DIALYSIS	3,285,040	205,804	3,490,844	0.315726	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,324	4,697,405	4,699,729	0.423401	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,170	2,479,732	2,480,902	0.295303	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0.000000	90.01
90.02	09002	PRCC	123	87,580,926	87,581,049	0.224574	90.02
91.00	09100	EMERGENCY	26,716,721	75,543,031	102,259,752	0.095057	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,174,218	15,383,676	18,557,894	0.160479	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	439,598,052	596,102,377	1,035,700,429		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	439,598,052	596,102,377	1,035,700,429		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 11/25/2020 9:04 am
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.02	03630	ULTRA SOUND	0.000000		54.02
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000		90.01
90.02	09002	PRCC	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/25/2020 9:04 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,886,559	0	2,886,559	23,364	123.55	30.00
31.00	INTENSIVE CARE UNIT	669,126		669,126	3,324	201.30	31.00
40.00	SUBPROVIDER - IPF	1,240,980	0	1,240,980	8,827	140.59	40.00
43.00	NURSERY	201,715		201,715	368	548.14	43.00
200.00	Total (lines 30 through 199)	4,998,380		4,998,380	35,883		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,740	832,727				
31.00	INTENSIVE CARE UNIT	827	166,475				
40.00	SUBPROVIDER - IPF	1,804	253,624				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	9,371	1,252,826				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	PPS	
						Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	936,777	93,755,337	0.009992	13,110,569	131,001	50.00
51.00	05100 RECOVERY ROOM	714,607	30,506,248	0.023425	2,812,161	65,875	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	238,704	1,939,441	0.123079	0	0	52.00
53.00	05300 ANESTHESIOLOGY	22,505	8,247,517	0.002729	886,009	2,418	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	404,021	25,868,655	0.015618	3,088,391	48,234	54.00
54.02	03630 ULTRA SOUND	96,077	10,115,343	0.009498	1,015,710	9,647	54.02
57.00	05700 CT SCAN	68,545	59,112,898	0.001160	6,960,017	8,074	57.00
58.00	05800 MRI	81,891	7,074,595	0.011575	833,331	9,646	58.00
59.00	05900 CARDIAC CATHETERIZATION	137,634	71,086,832	0.001936	7,048,368	13,646	59.00
60.00	06000 LABORATORY	76,393	69,412,567	0.001101	11,581,392	12,751	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	20,583	1,758,427	0.011705	469,159	5,492	63.00
65.00	06500 RESPIRATORY THERAPY	80,570	12,541,881	0.006424	3,612,649	23,208	65.00
66.00	06600 PHYSICAL THERAPY	14,428	8,234,094	0.001752	1,510,082	2,646	66.00
67.00	06700 OCCUPATIONAL THERAPY	6,212	1,447,957	0.004290	640,471	2,748	67.00
68.00	06800 SPEECH PATHOLOGY	12,061	798,162	0.015111	198,363	2,997	68.00
69.00	06900 ELECTROCARDIOLOGY	111,053	22,983,635	0.004832	4,584,635	22,153	69.00
70.01	03320 ELECTROSHOCK THERAPY	0	0	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	405,631	49,182,208	0.008248	5,802,065	47,855	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	178,602	33,191,522	0.005381	3,258,075	17,532	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	241,731	154,828,966	0.001561	15,782,843	24,637	73.00
74.00	07400 RENAL DIALYSIS	22,148	3,490,844	0.006345	1,543,819	9,796	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	299,912	4,699,729	0.063815	0	0	75.01
76.00	03950 OCCUPATIONAL HEALTH	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	89,420	2,480,902	0.036043	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	0	0	0.000000	0	0	90.01
90.02	09002 PRCC	399,565	87,581,049	0.004562	121	1	90.02
91.00	09100 EMERGENCY	581,901	102,259,752	0.005690	9,233,446	52,538	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	266,494	18,557,894	0.014360	1,206,251	17,322	92.00
200.00	Total (lines 50 through 199)	5,507,465	881,156,455		95,177,927	530,217	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0174		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/25/2020 9:04 am	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF		0	0	0	0	0	0	40.00
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	23,364	0.00	6,740	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	3,324	0.00	827	31.00	
40.00	04000	SUBPROVIDER - IPF	0		0	8,827	0.00	1,804	40.00	
43.00	04300	NURSERY			0	368	0.00	0	43.00	
200.00		Total (lines 30 through 199)			0	35,883		9,371	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0						30.00
31.00	03100	INTENSIVE CARE UNIT		0						31.00
40.00	04000	SUBPROVIDER - IPF		0						40.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01
90.02	09002	PRCC	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description		Title XVIII			Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	93,755,337	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	30,506,248	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,939,441	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,247,517	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	25,868,655	0.000000	54.00
54.02	03630	ULTRA SOUND	0	0	0	10,115,343	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	59,112,898	0.000000	57.00
58.00	05800	MRI	0	0	0	7,074,595	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	71,086,832	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	69,412,567	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,758,427	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,541,881	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,234,094	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,447,957	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	798,162	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	22,983,635	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	49,182,208	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,191,522	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	154,828,966	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,490,844	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	4,699,729	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,480,902	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0.000000	90.01
90.02	09002	PRCC	0	0	0	87,581,049	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	102,259,752	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	18,557,894	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	881,156,455		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	13,110,569	0	10,165,480	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,812,161	0	4,690,475	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	886,009	0	1,345,812	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,088,391	0	2,997,664	0	54.00
54.02	03630	ULTRA SOUND	0.000000	1,015,710	0	700,591	0	54.02
57.00	05700	CT SCAN	0.000000	6,960,017	0	6,759,760	0	57.00
58.00	05800	MRI	0.000000	833,331	0	927,384	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,048,368	0	17,111,934	0	59.00
60.00	06000	LABORATORY	0.000000	11,581,392	0	4,307,912	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	469,159	0	62,856	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	3,612,649	0	209,162	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,510,082	0	35,424	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	640,471	0	7,503	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	198,363	0	9,379	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	4,584,635	0	2,702,368	0	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,802,065	0	10,018,350	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,258,075	0	7,381,785	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	15,782,843	0	38,090,387	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,543,819	0	78,301	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	239,705	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	673,563	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	0	0	0	90.01
90.02	09002	PRCC	0.000000	121	0	33,115,852	0	90.02
91.00	09100	EMERGENCY	0.000000	9,233,446	0	9,220,681	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,206,251	0	2,646,200	0	92.00
200.00		Total (lines 50 through 199)		95,177,927	0	153,498,528	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/25/2020 9:04 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.086514	10,165,480	0	0	879,456	50.00
51.00	05100	RECOVERY ROOM	0.146121	4,690,475	0	0	685,377	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.952011	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.023004	1,345,812	0	0	30,959	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165873	2,997,664	0	0	497,232	54.00
54.02	03630	ULTRA SOUND	0.114193	700,591	0	0	80,003	54.02
57.00	05700	CT SCAN	0.022897	6,759,760	0	0	154,778	57.00
58.00	05800	MRI	0.075229	927,384	0	0	69,766	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.041076	17,111,934	0	0	702,890	59.00
60.00	06000	LABORATORY	0.116707	4,307,912	0	0	502,763	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.479030	62,856	0	0	30,110	63.00
65.00	06500	RESPIRATORY THERAPY	0.182262	209,162	0	0	38,122	65.00
66.00	06600	PHYSICAL THERAPY	0.159045	35,424	0	0	5,634	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.267244	7,503	0	0	2,005	67.00
68.00	06800	SPEECH PATHOLOGY	0.640296	9,379	0	0	6,005	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048671	2,702,368	0	0	131,527	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.370779	10,018,350	0	0	3,714,594	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.237797	7,381,785	0	0	1,755,366	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204511	38,090,387	0	227,764	7,789,903	73.00
74.00	07400	RENAL DIALYSIS	0.315726	78,301	0	0	24,722	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.423401	239,705	0	0	101,491	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.295303	673,563	0	0	198,905	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	0	0	0	90.01
90.02	09002	PRCC	0.224574	33,115,852	0	0	7,436,959	90.02
91.00	09100	EMERGENCY	0.095057	9,220,681	0	0	876,490	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.160479	2,646,200	0	0	424,660	92.00
200.00		Subtotal (see instructions)		153,498,528	0	227,764	26,139,717	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		153,498,528	0	227,764	26,139,717	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0174		Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/25/2020 9:04 am
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02	03630	ULTRA SOUND	0	0		54.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,580		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0		76.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0		90.01
90.02	09002	PRCC	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	46,580		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	46,580		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part II Date/Time Prepared: 11/25/2020 9:04 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	936,777	93,755,337	0.009992	77,610	775	50.00	
51.00	05100	RECOVERY ROOM	714,607	30,506,248	0.023425	17,928	420	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	238,704	1,939,441	0.123079	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	22,505	8,247,517	0.002729	6,755	18	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	404,021	25,868,655	0.015618	30,806	481	54.00	
54.02	03630	ULTRA SOUND	96,077	10,115,343	0.009498	2,116	20	54.02	
57.00	05700	CT SCAN	68,545	59,112,898	0.001160	159,831	185	57.00	
58.00	05800	MRI	81,891	7,074,595	0.011575	5,245	61	58.00	
59.00	05900	CARDIAC CATHETERIZATION	137,634	71,086,832	0.001936	0	0	59.00	
60.00	06000	LABORATORY	76,393	69,412,567	0.001101	376,687	415	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	20,583	1,758,427	0.011705	173	2	63.00	
65.00	06500	RESPIRATORY THERAPY	80,570	12,541,881	0.006424	314	2	65.00	
66.00	06600	PHYSICAL THERAPY	14,428	8,234,094	0.001752	26,939	47	66.00	
67.00	06700	OCCUPATIONAL THERAPY	6,212	1,447,957	0.004290	3,932	17	67.00	
68.00	06800	SPEECH PATHOLOGY	12,061	798,162	0.015111	3,941	60	68.00	
69.00	06900	ELECTROCARDIOLOGY	111,053	22,983,635	0.004832	38,403	186	69.00	
70.01	03320	ELECTROSHOCK THERAPY	0	0	0.000000	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	405,631	49,182,208	0.008248	13,751	113	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	178,602	33,191,522	0.005381	9,287	50	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	241,731	154,828,966	0.001561	1,012,681	1,581	73.00	
74.00	07400	RENAL DIALYSIS	22,148	3,490,844	0.006345	35,712	227	74.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	299,912	4,699,729	0.063815	1,973	126	75.01	
76.00	03950	OCCUPATIONAL HEALTH	0	0	0.000000	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	89,420	2,480,902	0.036043	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00	
90.01	09001	OUTPATIENT PROCEDURES	0	0	0.000000	0	0	90.01	
90.02	09002	PRCC	399,565	87,581,049	0.004562	0	0	90.02	
91.00	09100	EMERGENCY	581,901	102,259,752	0.005690	359,949	2,048	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	18,557,894	0.000000	0	0	92.00	
200.00		Total (lines 50 through 199)	5,240,971	881,156,455		2,184,033	6,834	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0174
Component CCN: 14-S174

Period:
From 07/01/2019
To 06/30/2020

Worksheet D
Part IV
Date/Time Prepared:
11/25/2020 9:04 am

				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
			1.00	2A	2.00	3A	3.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.02	03630	ULTRA SOUND	0	0	0	0	0	54.02	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01	
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0	90.01	
90.02	09002	PRCC	0	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/25/2020 9:04 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	93,755,337	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	30,506,248	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,939,441	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	8,247,517	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	25,868,655	0.000000	54.00
54.02	03630	ULTRA SOUND	0	0	0	10,115,343	0.000000	54.02
57.00	05700	CT SCAN	0	0	0	59,112,898	0.000000	57.00
58.00	05800	MRI	0	0	0	7,074,595	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	71,086,832	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	69,412,567	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,758,427	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,541,881	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	8,234,094	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,447,957	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	798,162	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	22,983,635	0.000000	69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	49,182,208	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	33,191,522	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	154,828,966	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,490,844	0.000000	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	4,699,729	0.000000	75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,480,902	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0	0	0	0.000000	90.01
90.02	09002	PRCC	0	0	0	87,581,049	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	102,259,752	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	18,557,894	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	881,156,455		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/25/2020 9:04 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	77,610	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	17,928	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	6,755	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	30,806	0	679	0	54.00
54.02	03630	ULTRA SOUND		0.000000	2,116	0	0	0	54.02
57.00	05700	CT SCAN		0.000000	159,831	0	5,953	0	57.00
58.00	05800	MRI		0.000000	5,245	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	376,687	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.000000	173	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	314	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	26,939	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	3,932	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	3,941	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	38,403	0	1,355	0	69.00
70.01	03320	ELECTROSHOCK THERAPY		0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	13,751	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	9,287	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	1,012,681	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	35,712	0	0	0	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	1,973	0	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH		0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES		0.000000	0	0	0	0	90.01
90.02	09002	PRCC		0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.000000	359,949	0	1,429	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			2,184,033	0	9,416	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0174

Period:

Worksheet D

Component CCN: 14-S174

From 07/01/2019

Part V

To 06/30/2020

Date/Time Prepared:

11/25/2020 9:04 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.086514	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.146121	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.952011	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.023004	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165873	679	0	0	113 54.00
54.02	03630 ULTRA SOUND	0.114193	0	0	0	0 54.02
57.00	05700 CT SCAN	0.022897	5,953	0	0	136 57.00
58.00	05800 MRI	0.075229	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.041076	0	0	0	0 59.00
60.00	06000 LABORATORY	0.116707	0	0	0	0 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.479030	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.182262	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.159045	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.267244	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.640296	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.048671	1,355	0	0	66 69.00
70.01	03320 ELECTROSHOCK THERAPY	0.000000	0	0	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.370779	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.237797	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.204511	0	0	5,809	0 73.00
74.00	07400 RENAL DIALYSIS	0.315726	0	0	0	0 74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.423401	0	0	0	0 75.01
76.00	03950 OCCUPATIONAL HEALTH	0.000000	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.295303	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
90.01	09001 OUTPATIENT PROCEDURES	0.000000	0	0	0	0 90.01
90.02	09002 PRCC	0.224574	0	0	0	0 90.02
91.00	09100 EMERGENCY	0.095057	1,429	0	0	136 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.160479	0	0	0	0 92.00
200.00	Subtotal (see instructions)		9,416	0	5,809	451 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		9,416	0	5,809	451 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/25/2020 9:04 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Costs							
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)						
	6.00	7.00						
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0				50.00
51.00	05100	RECOVERY ROOM	0	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00	05300	ANESTHESIOLOGY	0	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00
54.02	03630	ULTRA SOUND	0	0				54.02
57.00	05700	CT SCAN	0	0				57.00
58.00	05800	MRI	0	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00
60.00	06000	LABORATORY	0	0				60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
65.00	06500	RESPIRATORY THERAPY	0	0				65.00
66.00	06600	PHYSICAL THERAPY	0	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0	0				69.00
70.01	03320	ELECTROSHOCK THERAPY	0	0				70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,188				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0				75.01
76.00	03950	OCCUPATIONAL HEALTH	0	0				76.00
76.97	07697	CARDIAC REHABILITATION	0	0				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0				76.98
76.99	07699	LITHOTRIPSY	0	0				76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0				90.00
90.01	09001	OUTPATIENT PROCEDURES	0	0				90.01
90.02	09002	PRCC	0	0				90.02
91.00	09100	EMERGENCY	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0				92.00
200.00		Subtotal (see instructions)	0	1,188				200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					201.00
202.00		Net Charges (line 200 - line 201)	0	1,188				202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 9:04 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,364	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,364	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		21,207	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		6,740	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		32,258,353	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		32,258,353	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		32,258,353	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,380.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,305,851	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		9,305,851	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description		Title XVIII		Hospital		PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,749,216	3,324	2,632.13	827	2,176,772
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,415,967
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,898,590
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					999,202
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					530,217
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,529,419
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,369,171
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					2,157
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,380.69
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,978,148

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet D-1

Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,886,559	32,258,353	0.089483	2,978,148	266,494
91.00	Nursing School cost	0	32,258,353	0.000000	2,978,148	0
92.00	Allied health cost	0	32,258,353	0.000000	2,978,148	0
93.00	All other Medical Education	0	32,258,353	0.000000	2,978,148	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 9:04 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,827	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,827	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,827	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,804	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,620,524	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,620,524	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,620,524	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,429.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,579,287	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,579,287	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/25/2020 9:04 am
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					333,527
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,912,814
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					253,624
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,834
52.00 Total Program excludable cost (sum of lines 50 and 51)					260,458
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,652,356
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0174 Component CCN: 14-S174		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/25/2020 9:04 am
			Title XVIII		Subprovider - IPF		PPS
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,240,980	12,620,524	0.098330	0	0	90.00
91.00	Nursing School cost	0	12,620,524	0.000000	0	0	91.00
92.00	Allied health cost	0	12,620,524	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,620,524	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/25/2020 9:04 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		29,674,948		30.00
31.00	03100	INTENSIVE CARE UNIT		9,218,128		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.086514	13,110,569	1,134,248	50.00
51.00	05100	RECOVERY ROOM	0.146121	2,812,161	410,916	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.952011	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.023004	886,009	20,382	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165873	3,088,391	512,281	54.00
54.02	03630	ULTRA SOUND	0.114193	1,015,710	115,987	54.02
57.00	05700	CT SCAN	0.022897	6,960,017	159,364	57.00
58.00	05800	MRI	0.075229	833,331	62,691	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.041076	7,048,368	289,519	59.00
60.00	06000	LABORATORY	0.116793	11,581,392	1,352,626	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.479030	469,159	224,741	63.00
65.00	06500	RESPIRATORY THERAPY	0.182262	3,612,649	658,449	65.00
66.00	06600	PHYSICAL THERAPY	0.159045	1,510,082	240,171	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.267244	640,471	171,162	67.00
68.00	06800	SPEECH PATHOLOGY	0.640296	198,363	127,011	68.00
69.00	06900	ELECTROCARDIOLOGY	0.048671	4,584,635	223,139	69.00
70.01	03320	ELECTROSHOCK THERAPY	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.370779	5,802,065	2,151,284	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.237797	3,258,075	774,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.204511	15,782,843	3,227,765	73.00
74.00	07400	RENAL DIALYSIS	0.315726	1,543,819	487,424	74.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.425116	0	0	75.01
76.00	03950	OCCUPATIONAL HEALTH	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.295303	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	OUTPATIENT PROCEDURES	0.000000	0	0	90.01
90.02	09002	PRCC	0.224574	121	27	90.02
91.00	09100	EMERGENCY	0.095137	9,233,446	878,442	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.160479	1,206,251	193,578	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		95,177,927	13,415,967	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		95,177,927		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/25/2020 9:04 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		6,160,052		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.086514	77,610	6,714	50.00
51.00	05100 RECOVERY ROOM	0.146121	17,928	2,620	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.952011	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.023004	6,755	155	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165873	30,806	5,110	54.00
54.02	03630 ULTRA SOUND	0.114193	2,116	242	54.02
57.00	05700 CT SCAN	0.022897	159,831	3,660	57.00
58.00	05800 MRI	0.075229	5,245	395	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.041076	0	0	59.00
60.00	06000 LABORATORY	0.116793	376,687	43,994	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.479030	173	83	63.00
65.00	06500 RESPIRATORY THERAPY	0.182262	314	57	65.00
66.00	06600 PHYSICAL THERAPY	0.159045	26,939	4,285	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.267244	3,932	1,051	67.00
68.00	06800 SPEECH PATHOLOGY	0.640296	3,941	2,523	68.00
69.00	06900 ELECTROCARDIOLOGY	0.048671	38,403	1,869	69.00
70.01	03320 ELECTROSHOCK THERAPY	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.370779	13,751	5,099	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.237797	9,287	2,208	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.204511	1,012,681	207,104	73.00
74.00	07400 RENAL DIALYSIS	0.315726	35,712	11,275	74.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.425116	1,973	839	75.01
76.00	03950 OCCUPATIONAL HEALTH	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.295303	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OUTPATIENT PROCEDURES	0.000000	0	0	90.01
90.02	09002 PRCC	0.224574	0	0	90.02
91.00	09100 EMERGENCY	0.095137	359,949	34,244	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.160479	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		2,184,033	333,527	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		2,184,033		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 9:04 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			3,997,831	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			11,754,546	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			22,957	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			256,210	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			192.27	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.10	30.00
31.00	Percentage of Medicaid patient days (see instructions)			23.54	31.00
32.00	Sum of lines 30 and 31			28.64	32.00
33.00	Allowable disproportionate share percentage (see instructions)			12.84	33.00
34.00	Disproportionate share adjustment (see instructions)			505,652	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 9:04 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,914,005	4,555,571		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	734,490	3,410,455		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	4,144,945			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	20,682,141			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		20,682,141		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,344,153		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		22,026,294		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,026,294		61.00
62.00	Deductibles billed to program beneficiaries		1,543,564		62.00
63.00	Coinsurance billed to program beneficiaries		30,118		63.00
64.00	Allowable bad debts (see instructions)		433,594		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		281,836		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		261,732		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,734,448		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0		70.50
70.87	Demonstration payment adjustment amount before sequestration		0		70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0		70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-98,565		70.93
70.94	HRR adjustment amount (see instructions)		-18,055		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/25/2020 9:04 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		20,617,828	71.00
71.01	Sequestration adjustment (see instructions)		344,318	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		19,511,687	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		761,823	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		466,282	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/25/2020 9:04 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,997,831	0	3,997,831		3,997,831
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,754,546	0		11,754,546	11,754,546
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	22,957	0	22,957		22,957
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	256,210	0		256,210	256,210
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1284	0.1284	0.1284	0.1284	
11.00	Disproportionate share adjustment (see instructions)	34.00	505,652	0	128,331	377,321	505,652
11.01	Uncompensated care payments	36.00	4,144,945	0	734,490	3,410,455	4,144,945
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	20,682,141	0	4,883,609	15,798,532	20,682,141
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,682,141	0	4,883,609	15,798,532	20,682,141
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,344,153	0	345,433	998,720	1,344,153

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/25/2020 9:04 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	5,229,042	16,797,252	22,026,294
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,253,786	0	325,219	928,567	1,253,786
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	15,516	0	798	14,718	15,516
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0597	0.0597	0.0597	0.0597	
25.00	Disproportionate share adjustment (see instructions)	11.00	74,851	0	19,416	55,435	74,851
26.00	Total prospective capital payments (see instructions)	12.00	1,344,153	0	345,433	998,720	1,344,153
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/25/2020 9:04 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,997,831	3,997,831		3,997,831	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,754,546		11,754,546	11,754,546	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	22,957	22,957		22,957	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	256,210		256,210	256,210	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1284	0.1284	0.1284		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	505,652	128,331	377,321	505,652	11.00
11.01	Uncompensated care payments	36.00	4,144,945	734,490	3,410,455	4,144,945	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	20,682,141	4,883,609	15,798,532	20,682,141	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	20,682,141	4,883,609	15,798,532	20,682,141	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,344,153	345,433	998,720	1,344,153	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			5,229,042	16,797,252	22,026,294	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/25/2020 9:04 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,253,786	325,219	928,567	1,253,786	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	15,516	798	14,718	15,516	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0597	0.0597	0.0597		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	74,851	19,416	55,435	74,851	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,344,153	345,433	998,720	1,344,153	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-98,565	-21,112	-77,453	-98,565	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-18,055	-1,599	-16,456	-18,055	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/25/2020 9:04 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		46,580	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,139,717	2.00
3.00	OPPS payments		22,101,321	3.00
4.00	Outlier payment (see instructions)		341,307	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		46,580	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		227,764	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		227,764	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		227,764	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		181,184	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		46,580	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		22,442,628	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,708,575	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		18,780,633	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		18,780,633	30.00
31.00	Primary payer payments		3,371	31.00
32.00	Subtotal (line 30 minus line 31)		18,777,262	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		447,171	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		290,661	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		184,961	36.00
37.00	Subtotal (see instructions)		19,067,923	37.00
38.00	MSP-LCC reconciliation amount from PS&R		22	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,067,901	40.00
40.01	Sequestration adjustment (see instructions)		318,434	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		18,762,970	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-13,503	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/25/2020 9:04 am
		Title XVIII	Subprovider - IPF	PPS
			1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		1,188	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		451	2.00
3.00	OPPS payments		908	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,188	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		5,809	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		5,809	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		5,809	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		4,621	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		1,188	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		908	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		79	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		2,017	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		2,017	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,017	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		2,017	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,017	40.00
40.01	Sequestration adjustment (see instructions)		34	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		1,040	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		943	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/25/2020 9:04 am

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		19,264,148		18,416,738	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		305,769		407,598	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	02/17/2020	58,230	02/17/2020	61,366	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-58,230		-61,366	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		19,511,687		18,762,970	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		761,823		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		13,503	6.02
7.00	Total Medicare program liability (see instructions)		20,273,510		18,749,467	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0174
 Component CCN: 14-S174

 Period:
 From 07/01/2019
 To 06/30/2020

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/25/2020 9:04 am

		Title XVIII		Subprovider - IPF		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,532,124		1,040	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,532,124		1,040	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		64,213		943	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,596,337		1,983	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part II Date/Time Prepared: 11/25/2020 9:04 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0174 Component CCN: 14-S174	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 11/25/2020 9:04 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,716,726 1.00
2.00	Net IPF PPS Outlier Payments			23,067 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			24.117486 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,739,793 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,739,793 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,739,793 18.00
19.00	Deductibles			154,440 19.00
20.00	Subtotal (line 18 minus line 19)			1,585,353 20.00
21.00	Coinsurance			25,300 21.00
22.00	Subtotal (line 20 minus line 21)			1,560,053 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			97,533 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			63,396 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			62,953 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,623,449 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,623,449 31.00
31.01	Sequestration adjustment (see instructions)			27,112 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,532,124 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			64,213 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			23,067 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet G

Date/Time Prepared:
11/25/2020 9:04 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	6,624	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	116,590,495	0	0	0	4.00
5.00	Other receivable	5,365,361	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-91,972,240	0	0	0	6.00
7.00	Inventory	4,824,297	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	816,992	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	35,631,529	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,850,000	0	0	0	12.00
13.00	Land improvements	2,046,750	0	0	0	13.00
14.00	Accumulated depreciation	-1,072,064	0	0	0	14.00
15.00	Buildings	43,145,342	0	0	0	15.00
16.00	Accumulated depreciation	-3,259,844	0	0	0	16.00
17.00	Leasehold improvements	175,250	0	0	0	17.00
18.00	Accumulated depreciation	-136,306	0	0	0	18.00
19.00	Fixed equipment	1,714,206	0	0	0	19.00
20.00	Accumulated depreciation	-468,147	0	0	0	20.00
21.00	Automobiles and trucks	32,500	0	0	0	21.00
22.00	Accumulated depreciation	-10,111	0	0	0	22.00
23.00	Major movable equipment	14,919,689	0	0	0	23.00
24.00	Accumulated depreciation	-7,123,768	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	55,813,497	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,050,589	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,050,589	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	93,495,615	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	21,999,880	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,210,797	0	0	0	38.00
39.00	Payroll taxes payable	859,530	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	27,490	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	40,155,460	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	66,253,157	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,873,444	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,873,444	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	69,126,601	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	24,369,014	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	24,369,014	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	93,495,615	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-1

Date/Time Prepared:
11/25/2020 9:04 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		63,232,748		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-1,964,116				2.00
3.00	Total (sum of line 1 and line 2)		61,268,632		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		61,268,632		0		11.00
12.00	NET ASSETS TRANSFER	36,899,618		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		36,899,618		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		24,369,014		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	NET ASSETS TRANSFER		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/25/2020 9:04 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	93,431,387		93,431,387	1.00
2.00	SUBPROVIDER - IPF	30,054,850		30,054,850	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	123,486,237		123,486,237	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	31,174,306		31,174,306	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	31,174,306		31,174,306	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	154,660,543		154,660,543	17.00
18.00	Ancillary services	284,937,388	422,978,490	707,915,878	18.00
19.00	Outpatient services	123	173,123,888	173,124,011	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER HEALTH CENTER	0	60,116	60,116	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	439,598,054	596,162,494	1,035,760,548	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		200,461,062		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		200,461,062		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0174

Period:
From 07/01/2019
To 06/30/2020

Worksheet G-3

Date/Time Prepared:
11/25/2020 9:04 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,035,760,548	1.00
2.00	Less contractual allowances and discounts on patients' accounts	846,869,086	2.00
3.00	Net patient revenues (line 1 minus line 2)	188,891,462	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	200,461,062	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,569,600	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	6,366	6.00
7.00	Income from investments	170,263	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	353,384	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	1,365,943	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	44,247	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	3,353,848	24.00
24.50	COVID-19 PHE Funding	4,311,433	24.50
25.00	Total other income (sum of lines 6-24)	9,605,484	25.00
26.00	Total (line 5 plus line 25)	-1,964,116	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,964,116	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0174	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/25/2020 9:04 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,253,786	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		15,516	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		67.22	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.10	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.54	8.00
9.00	Sum of lines 7 and 8		28.64	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.97	10.00
11.00	Disproportionate share adjustment (see instructions)		74,851	11.00
12.00	Total prospective capital payments (see instructions)		1,344,153	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00